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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <p style="margin: 5px 0;">Patent fees are subject to annual revision.</p>  |          | <b>Complete If Known</b>    |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
|--|----------|-----------------------------|----------------|---|----------|----------|----------|-----------------|----------|-----------------|----------|----------------------|--|--|--|--|--|------|-------|------|-------|---|----|------|-------|--|--|----------------------|----|------|-------|------|------|----------------------|----|------|---------|------|-------|--------------------------------|----|------|-------|------|-----|---|----|------|------|--|--|--|----|------------------|--|--|--|--|--|-----------|--|--|-------|---|----|-----------|--|--|-------|------------------------------------|----|-----------|--|--|-------|-----------------------------|----|-----------|--|--|-------|--|----|-----------|--|--|-------|--------------------------|----|-----------|--|--|-------|---------------------------|----|-----------|--|--|-------|------------------------------------|----|-----------|--|--|-------|----------------------------|----|-----------------|--|--|--|--|--|------|--|--|-------|---------------------------------|----|------|--|--|-------|----------------------------------|----|------|--|--|-------|-----------------------------------|----|------|-------|------|-------|---|----|------|--------|------|-------|---|----|---------------------------|--|--|--|--|--|------|-------|------|-------|------------------|----|------|--------|------|--------|------------------|----|------|--------|------|--------|-------------------|----|---------------------------|--|--|--|----|--|---------------------------|--|--|--|----|--|---------------------------|--|--|--|----|--|
|  |          | Application Number          |                | 10/669,747  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
|  |          | Filing Date                 |                | 25 September 2003   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
|  |          | First Named Inventor        |                | IL-DONG PARK  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
|  |          | Examiner Name               |                | MAI, TRI M.   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| Group/Art Unit   |          | 3727                        |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| TOTAL AMOUNT OF PAYMENT  |          | (\$ <b>60.00</b> )          |                | Attorney Docket No. P56942  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>METHOD OF PAYMENT (check one)</b>   |          |                             |                | <b>FEE CALCULATION</b>  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>1. Payment Enclosed:</b><br><b>(CHECK #51111)</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order<br><input type="checkbox"/> Other<br><br><input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.<br><br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |          |                             |                | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="text-align: center;"><b>MISCELLANEOUS</b></td> </tr> <tr> <td>1801</td> <td>\$790</td> <td>2801</td> <td>\$395</td> <td>Request for continued examination (RCE)</td> <td>\$</td> </tr> <tr> <td>1806</td> <td>\$180</td> <td></td> <td></td> <td>Submission of an IDS</td> <td>\$</td> </tr> <tr> <td>1814</td> <td>\$130</td> <td>2814</td> <td>\$65</td> <td>Statutory disclaimer</td> <td>\$</td> </tr> <tr> <td>1501</td> <td>\$1,400</td> <td>2501</td> <td>\$685</td> <td>Utility issue fee (or reissue)</td> <td>\$</td> </tr> <tr> <td>1504</td> <td>\$300</td> <td>1504</td> <td>300</td> <td>Publication fee for early, voluntary, or normal publication</td> <td>\$</td> </tr> <tr> <td>8021</td> <td>\$40</td> <td></td> <td></td> <td>Recordation of assignment per property</td> <td>\$</td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>TRADEMARK</b></td> </tr> <tr> <td>6001/7001</td> <td></td> <td></td> <td>\$335</td> <td>Application for registration, per class</td> <td>\$</td> </tr> <tr> <td>6002/7002</td> <td></td> <td></td> <td>\$100</td> <td>Amendment to Allege Use, per class</td> <td>\$</td> </tr> <tr> <td>6003/7003</td> <td></td> <td></td> <td>\$100</td> <td>Statement of Use, per class</td> <td>\$</td> </tr> <tr> <td>6004/7004</td> <td></td> <td></td> <td>\$150</td> <td>Request for six-month extension of time, per class</td> <td>\$</td> </tr> <tr> <td>6205/7205</td> <td></td> <td></td> <td>\$100</td> <td>\$8 affidavit, per class</td> <td>\$</td> </tr> <tr> <td>6208/7208</td> <td></td> <td></td> <td>\$200</td> <td>\$15 affidavit, per class</td> <td>\$</td> </tr> <tr> <td>6201/7201</td> <td></td> <td></td> <td>\$400</td> <td>Application for renewal, per class</td> <td>\$</td> </tr> <tr> <td>6403/7403</td> <td></td> <td></td> <td>\$100</td> <td>Ex parte appeal, per class</td> <td>\$</td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>PETITION</b></td> </tr> <tr> <td>1462</td> <td></td> <td></td> <td>\$400</td> <td>Petitions to Director (Group I)</td> <td>\$</td> </tr> <tr> <td>1463</td> <td></td> <td></td> <td>\$200</td> <td>Petitions to Director (Group II)</td> <td>\$</td> </tr> <tr> <td>1464</td> <td></td> <td></td> <td>\$130</td> <td>Petitions to Director (Group III)</td> <td>\$</td> </tr> <tr> <td>1452</td> <td>\$600</td> <td>2452</td> <td>\$250</td> <td>Petitions to revive unavoidably abandoned application</td> <td>\$</td> </tr> <tr> <td>1453</td> <td>\$1500</td> <td>2453</td> <td>\$750</td> <td>Petitions to revive unintentionally abandoned application</td> <td>\$</td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>PATENT MAINTENANCE</b></td> </tr> <tr> <td>1551</td> <td>\$900</td> <td>2551</td> <td>\$450</td> <td>Due at 3.5 years</td> <td>\$</td> </tr> <tr> <td>1552</td> <td>\$2300</td> <td>2552</td> <td>\$1150</td> <td>Due at 7.5 years</td> <td>\$</td> </tr> <tr> <td>1553</td> <td>\$3800</td> <td>2553</td> <td>\$1900</td> <td>Due at 11.5 years</td> <td>\$</td> </tr> <tr> <td colspan="4">Other Fee (specify) _____</td> <td colspan="2">\$</td> </tr> <tr> <td colspan="4">Other Fee (specify) _____</td> <td colspan="2">\$</td> </tr> <tr> <td colspan="4">Other Fee (specify) _____</td> <td colspan="2">\$</td> </tr> </tbody> </table> |          | Fee Code | Fee (\$) | Fee Code        | Fee (\$) | Fee Description | Fee Paid | <b>MISCELLANEOUS</b> |  |  |  |  |  | 1801 | \$790 | 2801 | \$395 | Request for continued examination (RCE) | \$ | 1806 | \$180 |  |  | Submission of an IDS | \$ | 1814 | \$130 | 2814 | \$65 | Statutory disclaimer | \$ | 1501 | \$1,400 | 2501 | \$685 | Utility issue fee (or reissue) | \$ | 1504 | \$300 | 1504 | 300 | Publication fee for early, voluntary, or normal publication | \$ | 8021 | \$40 |  |  | Recordation of assignment per property | \$ | <b>TRADEMARK</b> |  |  |  |  |  | 6001/7001 |  |  | \$335 | Application for registration, per class | \$ | 6002/7002 |  |  | \$100 | Amendment to Allege Use, per class | \$ | 6003/7003 |  |  | \$100 | Statement of Use, per class | \$ | 6004/7004 |  |  | \$150 | Request for six-month extension of time, per class | \$ | 6205/7205 |  |  | \$100 | \$8 affidavit, per class | \$ | 6208/7208 |  |  | \$200 | \$15 affidavit, per class | \$ | 6201/7201 |  |  | \$400 | Application for renewal, per class | \$ | 6403/7403 |  |  | \$100 | Ex parte appeal, per class | \$ | <b>PETITION</b> |  |  |  |  |  | 1462 |  |  | \$400 | Petitions to Director (Group I) | \$ | 1463 |  |  | \$200 | Petitions to Director (Group II) | \$ | 1464 |  |  | \$130 | Petitions to Director (Group III) | \$ | 1452 | \$600 | 2452 | \$250 | Petitions to revive unavoidably abandoned application | \$ | 1453 | \$1500 | 2453 | \$750 | Petitions to revive unintentionally abandoned application | \$ | <b>PATENT MAINTENANCE</b> |  |  |  |  |  | 1551 | \$900 | 2551 | \$450 | Due at 3.5 years | \$ | 1552 | \$2300 | 2552 | \$1150 | Due at 7.5 years | \$ | 1553 | \$3800 | 2553 | \$1900 | Due at 11.5 years | \$ | Other Fee (specify) _____ |  |  |  | \$ |  | Other Fee (specify) _____ |  |  |  | \$ |  | Other Fee (specify) _____ |  |  |  | \$ |  |
|  |          |                             |                | Fee Code  | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>MISCELLANEOUS</b>   |          |                             |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1801   | \$790    | 2801                        | \$395          | Request for continued examination (RCE)   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1806   | \$180    |                             |                | Submission of an IDS  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1814   | \$130    | 2814                        | \$65           | Statutory disclaimer  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1501   | \$1,400  | 2501                        | \$685          | Utility issue fee (or reissue)  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1504   | \$300    | 1504                        | 300            | Publication fee for early, voluntary, or normal publication   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 8021   | \$40     |                             |                | Recordation of assignment per property  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>TRADEMARK</b>   |          |                             |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 6001/7001  |          |                             | \$335          | Application for registration, per class   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 6002/7002  |          |                             | \$100          | Amendment to Allege Use, per class  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 6003/7003  |          |                             | \$100          | Statement of Use, per class   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 6004/7004  |          |                             | \$150          | Request for six-month extension of time, per class  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 6205/7205  |          |                             | \$100          | \$8 affidavit, per class  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 6208/7208  |          |                             | \$200          | \$15 affidavit, per class   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 6201/7201  |          |                             | \$400          | Application for renewal, per class  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 6403/7403  |          |                             | \$100          | Ex parte appeal, per class  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>PETITION</b>  |          |                             |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1462   |          |                             | \$400          | Petitions to Director (Group I)   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1463   |          |                             | \$200          | Petitions to Director (Group II)  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1464   |          |                             | \$130          | Petitions to Director (Group III)   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1452   | \$600    | 2452                        | \$250          | Petitions to revive unavoidably abandoned application   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1453   | \$1500   | 2453                        | \$750          | Petitions to revive unintentionally abandoned application   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>PATENT MAINTENANCE</b>  |          |                             |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1551   | \$900    | 2551                        | \$450          | Due at 3.5 years  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1552   | \$2300   | 2552                        | \$1150         | Due at 7.5 years  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1553   | \$3800   | 2553                        | \$1900         | Due at 11.5 years   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| Other Fee (specify) _____  |          |                             |                | \$  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| Other Fee (specify) _____  |          |                             |                | \$  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| Other Fee (specify) _____  |          |                             |                | \$  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>FEE CALCULATION</b>   |          |                             |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| Fee Code   | Fee (\$) | Fee Code                    | Fee (\$)       | Fee Description   | Fee Paid |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>EXTENSION OF TIME FEES</b>  |          |                             |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1251   | 120      | 2251                        | 60             | Extension for reply within first month  | \$ 60.00 |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1252   | 450      | 2252                        | 225            | Extension for reply within second month   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1253   | 1020     | 2253                        | 510            | Extension for reply within third month  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1254   | 1590     | 2254                        | 795            | Extension for reply within fourth month   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1255   | 2160     | 2255                        | 1080           | Extension for reply within fifth month  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>APPEAL</b>  |          |                             |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1401   | 500      | 2401                        | 250            | Notice of Appeal  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1402   | 500      | 2402                        | 250            | Filing a brief in support of an appeal  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1403   | 1000     | 2403                        | 500            | Request for oral hearing  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>CLAIMS</b>  |          |                             |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1201   | 200      | 2201                        | 100            | Independent claims in excess of 3   | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| 1202   | 60       | 2202                        | 25             | claims in excess of 20  | \$       |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| Other Fee (specify) _____  |          |                             |                | \$  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| Other Fee (specify) _____  |          |                             |                | \$  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| Other Fee (specify) _____  |          |                             |                | \$  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>SUBTOTAL: LEFT COLUMN</b>   |          |                             | <b>\$60.00</b> |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>SUBTOTAL: RIGHT COLUMN</b>  |          |                             | <b>\$0.00</b>  |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| <b>SUBMITTED BY</b>  |          |                             |                |   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| Typed or Printed Name  |          | Robert E. Bushnell II, Esq. |                | Reg. Number 27,774  |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |
| Signature  |          | Date                        | 18 July 2006   | Deposit Account User ID   |          |          |          |                 |          |                 |          |                      |  |  |  |  |  |      |       |      |       |   |    |      |       |  |  |                      |    |      |       |      |      |                      |    |      |         |      |       |                                |    |      |       |      |     |   |    |      |      |  |  |  |    |                  |  |  |  |  |  |           |  |  |       |   |    |           |  |  |       |                                    |    |           |  |  |       |                             |    |           |  |  |       |  |    |           |  |  |       |                          |    |           |  |  |       |                           |    |           |  |  |       |                                    |    |           |  |  |       |                            |    |                 |  |  |  |  |  |      |  |  |       |                                 |    |      |  |  |       |                                  |    |      |  |  |       |                                   |    |      |       |      |       |   |    |      |        |      |       |   |    |                           |  |  |  |  |  |      |       |      |       |                  |    |      |        |      |        |                  |    |      |        |      |        |                   |    |                           |  |  |  |    |  |                           |  |  |  |    |  |                           |  |  |  |    |  |

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Applicant: IL-DONG PARK *et al.*  
Serial No.: 10/669,747  
Filed: 25 September 2003  
For: *A PACKING CRATE*

Document filed:

- ☒ Response to the Restriction Requirement (Paper No. 20060515) mailed on 5/18/2006;
- ☒ Petition for Extension of Time (1-month extension);
- ☒ Check #51111 for \$60.00 & Fee Transmittal.